

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25720**

BIRTH NO. _____		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1627	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) Leamay		c. LENGTH OF STAY (in this place) ()		c. CITY (If outside corporate limits, write RURAL and give township) Curryville		8/2 ()	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium				d. STREET ADDRESS (If rural, give location) Curryville			
3. NAME OF DECEASED (Type or Print) Dardene		a. (First)		b. (Middle) Helen		c. (Last) Schuckenbrock	
4. DATE OF DEATH July 10, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Mar 23, 1918		9. AGE (In years last birthday) 31	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	
11. BIRTHPLACE (State or foreign country) Silex, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Schuckenbrock		13b. MOTHER'S MAIDEN NAME Bessie Meuth	
14. NAME OF HUSBAND OR WIFE Nil		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Bessie Achuckbrock-Curryville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, left lung ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Far-advanced pulm. th. DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH One day 8 years NO 2X 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-1 , 19 49 , to 7-10 , 19 49 , that I last saw the deceased alive on 7-10 , 19 49 , and that death occurred at 12:50 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. O. ... F. Kistner, M.D.				23b. ADDRESS Mt. St. Rose San.		23c. DATE SIGNED 7/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/13/49		24c. NAME OF CEMETERY OR CREMATORY St. Patricks		24d. LOCATION (City, town, or county) (State) Wentzville, Missouri	
DATE REC'D BY LOCAL REG. 7-11-49		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clement McManis

Licensed Embalmer No. 3732

P. O. Address H. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.